

CLAIMS ONLY							Application Number 10 300 457		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1											
2	1										
3		2									
4	1										
5	1										
6		2									
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Total Indep	5										
Total Depend	16										
Total Claims	23										
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